

**KOSCIUSKO COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
PLAN REVIEW QUESTIONNAIRE**



**Instructions:**

1. Please answer **all** the following questions and return this form and the application to the Kosciusko County Health Department, 100 West Center St. Warsaw, IN 46580.
2. Any questions may be directed to the Kosciusko County Health Department at 574-372-2349.
3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.
4. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26
5. The Rule may be used for referral purposes as it pertains to section numbers referenced at the end of each question.

New \_\_\_\_\_ Remodel \_\_\_\_\_ Conversion \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
(Street Address Only – No P.O. Box) \_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

**\*It is required that you provide plans that are a minimum of 8.5 x 11 inches in size including the layout of the floor plan.**

I have submitted plans/applications to the authorities with jurisdiction listed below on the following dates.

Note – depending on the location of the establishment, not all of these agencies will have jurisdiction (i.e. if establishment is located in the county, city building departments will not have jurisdiction.):

\_\_\_\_\_ Kosciusko County Building & Plan Commission \_\_\_\_\_ State Building & Fire (IN Dept. of Homeland Security)

\_\_\_\_\_ Warsaw City Building Department

Sewer (check one):  Private Septic\*  Municipal - If establishment is on a municipal waste system, check one of the following:

\*For existing establishments, limitations to menu and seating may apply based on existing septic

Number of seats: \_\_\_\_\_ Total square feet of the facility: \_\_\_\_\_ Number of floors on which operations are conducted: \_\_\_\_\_

Maximum meals to be served (Approximate number): Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Type of service (check all that apply):  Sit down meals  Take out  Caterer

Mobile food vendor  Other – Describe \_\_\_\_\_

## **This section should be completed by the operator of the retail food establishment – either the owner or the manager.**

The following procedures/questions must be answered by the owner or manager prior to construction. Complete answers will ensure that special consideration is given to these standard sanitary operating procedures (SSOPs) prior to opening for business.

Please indicate whether a section applies to your operation by checking or completing the answers.

1. Who (*job title*) will be the certified food handler for the facility? \_\_\_\_\_
2. How will employees be trained in food safety? \_\_\_\_\_  
\_\_\_\_\_
3. Please provide a list of all food distributors to be used by the establishment \_\_\_\_\_  
\_\_\_\_\_
4. What are the standard operating procedures for receiving food shipments? \_\_\_\_\_  
\_\_\_\_\_

What is the anticipated frequency of food deliveries (i.e. twice a week, once a month, etc.) for:

Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_

5. Are temperatures checked and containers inspected for damage upon receipt? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Do you intend to make **low-acid canned foods** or **acidified foods** and intend for these products to be shelf stable, meaning no refrigeration is required once produced? Examples of low acid canned foods would be green beans, beets, corn, etc. An example of acidified foods would be various types of salsas, such as fruit salsas. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, have you passed the Better Process and Control School exam? \_\_\_\_\_ Yes \_\_\_\_\_ No (*Please include a copy of the certification.*)

7. Do you intend to vacuum package (*reduced oxygen package*) any food products on site? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the foods you intend to package using a vacuum seal. \_\_\_\_\_  
\_\_\_\_\_

8. Do you intend to repackage foods from bulk for retail sale? \_\_\_\_\_ \*Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \*If yes, please attach a sample label for review.

### **FOOD PREPARATION**

9. What procedure will be used to prevent employees from touching foods that are considered ready-to-eat, such as sushi, lettuce, buns, etc.?  
\_\_\_\_\_
10. Describe your date marking system for potentially hazardous ready-to-eat foods. \_\_\_\_\_  
\_\_\_\_\_
11. Will all produce be washed prior to use? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Describe the method that will be used to wash the produce. \_\_\_\_\_  
\_\_\_\_\_

12. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

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13. Describe the process for thawing frozen foods.

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14. Describe the process for cooling foods.

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15. What procedures will be in place to ensure that foods are reheated to 165°F?

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16. Will a buffet be served?  Yes  No  N/A If yes, who will be responsible for ensuring that the buffet is protected from contamination?

#### **HOT AND COLD HOLDING**

17. Will "Time as a Public Health Control" be used for potentially hazardous food(s)?

Yes  No  N/A (NOTE: *These procedures must be submitted and approved by this department before their use.*)

18. Will raw animal food(s) be offered to the public in an undercooked or raw form, such as sushi, rare hamburgers, eggs over easy, Caesar dressing made from raw eggs, etc.?

\*Yes  No  N/A \*If yes, please attach your **consumer advisory statement** (both disclosure and reminder) for review.

19. Who (*job title*) will be assigned the responsibility of taking food temperatures (*line cook, kitchen manager, etc.*)?

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20. At what steps will internal food temperatures be taken (*cold holding, cooking, cooling, reheating, and hot holding*).

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21. Describe how cross-contamination between raw meats or raw produce and ready-to-eat foods will be prevented in refrigeration units (*i.e. walk-in coolers, under-the-counter coolers, etc.*).

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22. Describe how cross-contamination between different types of raw meats, poultry, and seafood will be prevented in refrigeration units.

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## **SANITIZATION**

23. Who (*job title*) will be assigned the responsibility of ensuring the correct type and amount of sanitizer will be used for wet wiping cloth solutions and/or dish washing?

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24. What type of chemical sanitizer(s) will the establishment use for wet wiping cloth solutions and/or dish washing?

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25. Will the establishment have test kits/papers on site for all types of chemical sanitizers?

Yes  No  N/A

## **POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

26. Where will poisonous or toxic materials be stored (*including ones for retail sale*)?

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27. Will the establishment use a hand sanitizer in addition to hand soap?  Yes  No

If so, what brand? \_\_\_\_\_

28. Who (*job title*) will ensure that insecticides and rodenticides are “Approved for Use in Food Establishments”, and that they are applied in a safe manner?

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29. Will all chemical spray bottles be clearly labeled as to common name of contents?  Yes  No

30. Where will first aid supplies be stored ?

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## **PERSONAL BELONGINGS**

30. Are separate dressing rooms/lockers provided ?  Yes  No

31. Describe the storage location for employees’ coats, purses, medicines, and lunches.

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32. Where is the designated area for employees to eat, drink, and use tobacco?

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## **MISCELLANEOUS**

33. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters ?

Yes  No  N/A

34. Has the establishment registered or applied for a permit from the regulatory authority?  Yes  No

## **The following list of questions should be completed by the architect/contractor/engineer.**

### **WARE WASHING/DISH WASHING**

35. Dish washing methods (check one or both):  3-compartment sink  Mechanical dish machine

36. If a 3-compartment sink is used, which sanitizing method will be used?  Hot water  Chemical

If hot water, do you have a booster heater?  Yes  No  N/A

If hot water, how will you ensure that the unit is sanitizing properly?

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37. If a mechanical dish machine is used, which sanitizing method will be used?  Hot water  Chemical

If hot water, do you have a booster heater?  Yes  No  N/A

If hot water, how will you ensure that the unit is sanitizing properly?

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38. Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added?

Yes  No  N/A

What type of alarm will be used to detect when the sanitizer is too low?  Audible  Visual

39. Can the largest piece of equipment be submerged into the 3-compartment sink or mechanical dish machine?

Yes  No

40. Does the establishment have enough drain boards/utensil racks/carts for the air drying of equipment and utensils for either the 3-compartment sink or mechanical dish machine? Please describe air drying procedures and equipment below.

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### **WATER SUPPLY**

41. Is the water supply public () or private ()? If public, disregard question #40.

42. If private, has the source been tested?  Yes  No

If water has been tested, when was the last test \_\_\_\_\_ and was a copy of the lab results sent to this office?  Yes  No

### **WASTE WATER/SEWAGE DISPOSAL**

43. Is the sewage disposal system public () or private ()? If public, disregard question #42.

44. Has the waste treatment system (septic system) been approved by the state or local agency with jurisdiction?

Yes (please provide copy of the approval)  No

### **PLUMBING**

45. Are hot and cold water fixtures provided at every sink?  Yes  No

46. If a water supply hose is to be used for potable water, is it made from food-grade materials?  Yes  No

47. What are the recovery time, volume, and capacity of the water heater?

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48. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber or engineer.

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connection
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								
3-Compartment Sink								
2-Compartment Sink								
1-Compartment Sink								
Hand Sink(s)								
Dipper Well								
Hose Connections								
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB = Atmospheric Vacuum Breaker					HB = Hose Bib Vacuum Breaker			
PVB = Pressure Vacuum Breaker					VDC = Vented Double Check Valve			

49. Has contact been made to the municipality to determine if a grease trap is required? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

50. What is the scheduled frequency of cleaning for the grease trap? \_\_\_\_\_

#### **HAND WASHING/TOILET FACILITIES**

51. Hand washing sinks are required in all food preparation and dish washing areas (including bars), as well as restrooms. How many hand sinks will be provided? \_\_\_\_\_

52. Are all toilet room doors self-closing where applicable? \_\_\_\_\_ Yes \_\_\_\_\_ No

53. Are all toilet rooms equipped with adequate ventilation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ROOM FINISH SCHEDULE**

54. Please indicate which materials (*i.e. quarry tile, stainless steel = SS, plastic cove molding, etc.*) will be used in the following areas.

AREA	FLOOR	COVE MOLDING	WALL	CEILING
KITCHEN				
CONSUMER SELF-SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
EQUIPMENT/ SINGLE-SERVICE ARTICLE STORAGE				
CHEMICAL STORAGE				
OTHER STORAGE				
MOP/SERVICE SINK AREA				
DISH WASHING AREA				
GARBAGE STORAGE				
TOILET ROOMS				
OTHER				

## **EQUIPMENT**

55. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205?  Yes  No

56. Will the utensils and food storage containers be made from food-grade quality materials?  Yes  No

57. Will any pieces of used equipment be utilized?  Yes  No (**Note- Used equipment must be approved for use by this department**)

If so, please list equipment types: \_\_\_\_\_

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58. Is the ventilation hood system sufficient for the needs of the establishment?  Yes  No  N/A

59. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (*frozen food 0° F, cold food 41° F, hot food 135° F*)?  Yes  No  N/A

60. Please list equipment types for the hot and cold holding of foods; also, during serving or transporting.

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61. Will each refrigeration unit have a display thermometer?  Yes  No

62. What types of counter protective guards for food (*sneeze guards*) will be used for consumer self-service?

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## **INSECT AND RODENT HARBORAGE**

63. Will all outside doors be self-closing, when applicable, and rodent/insect proof?  Yes  No

64. Will screens be provided on any open windows/doors to the outside?  Yes  No

65. Will air curtains be installed (*either plastic or mechanical*)?  Yes  No

If yes, on which openings will they be installed?

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66. Will all pipes, lines, and electrical conduit be installed so as not to obstruct cleaning of floors, walls, and ceilings?

Yes  No

If no, explain how appropriate cleaning of surfaces will be accomplished. \_\_\_\_\_

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67. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?  
 Yes  No

68. Do you plan to use a pest control service?  Yes  No Frequency \_\_\_\_\_ Company \_\_\_\_\_

### **REFUSE AND RECYCLABLES**

69. Describe the surface (*for refuse/recyclables*) on which the outside dumpster will be located (*i.e. machine-laid asphalt, concrete, etc.*).

70. Where will recyclables be stored prior to pick-up? \_\_\_\_\_

### **LIGHTING**

71. What are the foot-candles of light for the following areas?

Food preparation areas \_\_\_\_\_ Dish washing areas \_\_\_\_\_  
Dry storage areas \_\_\_\_\_ Restrooms \_\_\_\_\_  
Walk-in refrigeration units \_\_\_\_\_ Other \_\_\_\_\_